

Appendix A. Key Informant Interview and Literature Search Methodology

Key Informant Interview Methodology

We adhered to the Office of Management and Budget (OMB) requirements and limited standardized questions (the list of Guiding Questions [GQs]) to no more than 9 nongovernment-associated individuals. As a result, we did not need to obtain OMB clearance for the interviews.

After review and approval of the completed Disclosure Forms for Conflicts of Interest for the proposed Key Informants (KIs) by the Agency for Healthcare and Quality (AHRQ), we conducted interviews with eight selected KIs, five on one call and three on another. The interviews were a combination of individual KIs based on availability and concordance of perspectives. The Principal Investigator from the Evidence-based Practice Center (EPC) team for this Technical Brief led each of the KI interviews, and the Task Order Officer (TOO) was in attendance for both discussions, along with other EPC team members who would be authors on the Technical Brief. The recorded KI interviews were 1.5 hours each. Following each interview, we summarized the interviews in writing by incorporating summary notes prepared by team members; professional transcriptions of the interview; and if necessary referring back to the actual recordings. We then submitted summary notes to the TOO for documentation. We generated a summary of findings from both KI discussions, organized by subquestion for authors' use in the integrated analysis for each guiding question section in the report. Authors identified any unique perspectives from KIs that were not part of the literature review findings.

Literature Search Methodology

Sources for the gray literature include the following:

- HAPI: Health and Psychosocial Instruments provides bibliographic access and descriptions of tests, manuals, rating scales, and other instruments used to assess health and behavior. They assist researchers and others in locating instruments used in the health fields, psychosocial sciences, occupational sciences, library and information science, and education.
- OpenSIGLE: Operated by GreyNet, the OpenSIGLE Repository preserves and makes openly accessible research results originating in the International Conference Series on Grey Literature. GreyNet together with the Institute for Scientific and Technical Information-National Center for Scientific Research designed the format for a metadata record, which encompasses standardized PDF attachments for full-text conference preprints, PowerPoint presentations, abstracts, and biographical notes. All 11 volumes (1993–2009) of the GL Conference Proceedings are available in the OpenSIGLE Repository.
- ClinicalTrials.gov: ClinicalTrials.gov offers up-to-date information for locating federally and privately supported clinical trials for a wide range of diseases and conditions. The site currently contains approximately 12,400 clinical studies sponsored by the National Institutes of Health, other federal agencies, and private industry. Studies listed in the database are conducted in all 50 states and in more than 100 countries.

- WHO International Clinical Trials Registry Platform: This platform is a network of international clinical trials registers to ensure a single point of access and the unambiguous identification of trials.
- Academic Search Complete: This source provides information from a wide range of academic areas, including business, social sciences, humanities, general academic, general science, education, and multicultural topics. This multidisciplinary database features full text for more than 4,000 journals with many dating back to 1975, abstracts and indexing for more than 8,200 scholarly journals, and coverage of selected newspapers and other news sources.
- NIH RePORTER: The information found in RePORTER is drawn from several extant databases (eRA databases, Medline®, PubMed Central, the NIH Intramural Database, and iEdison), using newly formed linkages among these disparate data sources.

We also searched Web sites of the relevant professional associations such as the American Psychiatric Association, the National Alliance on Mental Illness, the National Association of Psychiatric Health Systems, and the National Institute of Mental Health.

Appendix B. Literature Strategy and Yields

PubMed search, 6/24/14

| Search | Query | Items found |
|---------------------|---|------------------------|
| #1 | Search ("Patient Admission"[Mesh] OR "Patient Discharge"[Mesh] OR "patient discharge"[All Fields] OR "discharge service"[All Fields] OR "discharge services"[All Fields] OR "Patient Readmission"[Mesh] OR "brief admission"[All Fields] OR "patient admission"[All Fields] OR readmission*[All Fields]) | 49074 |
| #2 | Search ("Length of Stay"[Mesh] OR "length of stay"[All Fields] OR "Advance Directives"[Mesh] OR "advance directives"[All Fields] OR "Behavioral Medicine"[Mesh] OR "behavioral health"[All Fields] OR "Observation"[Mesh] OR "Case Management"[Mesh] OR "case management"[All Fields] OR "Crisis Intervention"[Mesh] OR "crisis intervention"[All Fields] OR "crisis residential service"[All Fields] OR "crisis residential services"[All Fields] OR psychoeducation[All Fields] OR "bridge visit"[All Fields] OR "bridge visits"[All Fields] OR "follow up call"[All Fields] OR "follow up calls"[All Fields] OR "conditional release"[All Fields] OR conservatorship[All Fields] OR "transitional services"[All Fields] OR "transitional care"[All Fields] OR "transition support services"[All Fields] OR "community treatment orders"[All Fields] OR "assertive community treatment"[All Fields] OR "outpatient treatment"[All Fields] OR "out-patient treatment"[All Fields] OR "extended leave"[All Fields] OR ("commitment of mentally ill" AND outpatient*) OR (outpatient AND commitment) OR (involuntary AND commitment) OR "Jurisprudence"[Mesh] OR "Mandatory Programs"[Mesh] OR "mandatory program"[All Fields] OR "mandatory programs"[All Fields] OR "supervised discharge"[All Fields] OR "mandated treatment"[All Fields] OR "forced treatment"[All Fields] OR "compulsory community treatment"[All Fields] OR "compulsory treatment"[All Fields] OR "extended leave"[All Fields] OR "community treatment order"[All Fields] OR "involuntary outpatient treatment"[All Fields] OR "involuntary medication"[All Fields] OR "forced medication"[All Fields] OR ("court-ordered"[All Fields] AND medication[All Fields]) OR "assisted outpatient treatment"[All Fields]) | 279160 |
| #3 | Search (#1 and #2) | 13058 |
| #4 | Search ("Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh]) OR "Community Mental Health Services/utilization"[Majr] OR "psychiatric hospitalization"[All Fields] OR (psych* and hospital*) | 29410 |
| #5 | Search (#3 and #4) | 1018 |
| #6 | Search ("Mentally Ill Persons"[Mesh] OR "Mental Disorders"[Mesh] OR "Diagnosis, Dual (Psychiatry)"[Mesh] OR "Substance-Related Disorders"[Mesh:NoExp] OR "Psychotic Disorders"[Mesh] OR "Behavior, Addictive"[Mesh] OR "Alcohol-Related Disorders"[Mesh] OR "Amphetamine-Related Disorders"[Mesh] OR "Cocaine-Related Disorders"[Mesh] OR "Inhalant Abuse"[Mesh] OR "Marijuana Abuse"[Mesh] OR "Opioid-Related Disorders"[Mesh] OR "Phencyclidine Abuse"[Mesh] OR "Substance Abuse, Intravenous"[Mesh] OR "Mentally ill"[All Fields] OR "seriously mentally ill"[All Fields] OR SMI[All Fields] OR SPMI[All Fields] OR "serious mental illness"[All Fields] OR "seriously and persistently mental ill"[All Fields] OR "severe mental illness"[All Fields] OR "mental disorders"[All Fields] OR "mental problems"[All Fields] OR "mental illness"[All Fields]) | 965286 |
| #7 | Search (#3 and #6) | 2663 |
| #8 | Search (#5 or #7) | 2778 |
| #9 | Search (#3 and #6) Filters: Humans | 2646 |
| #10 | Search (#3 and #6) Filters: Other Animals | 1 |
| #11 | Search (#10 not #9) | 0 |
| #12 | Search (#9 not #11) | 2646 |
| #13 | Search (#9 not #11) Filters: Adult: 19+ years | 1741 |
| #14 | Search (#9 not #11) Filters: Publication date from 1990/01/01 to 2014/12/31; Adult: 19+ years | 1455 |
| #15 | Search (("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH] AND "systematic"[tiab]) OR "meta-analysis"[Publication | 129116 |

| | | |
|---------------------|--|------------------------|
| | Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]) | |
| #16 | Search (#14 and #15) | 6 |
| #17 | Search ("Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]) | 458805 |
| #18 | Search #14 and #17 | 92 |
| #19 | Search (#9 not #11) Filters: Clinical Trial; Publication date from 1990/01/01 to 2014/12/31; Adult: 19+ years | 152 |
| #20 | Search #14 AND ("prospective cohort" OR "prospective studies"[MeSH] OR (prospective*[All Fields] AND cohort[All Fields] AND (study[All Fields] OR studies[All Fields]))) | 106 |
| #21 | Search #14 and ("Case-Control Studies"[MeSH] OR "Cohort Studies"[MeSH] OR "Organizational Case Studies"[MeSH] OR "Cross-Over Studies"[MeSH]) | 619 |
| #22 | Search (#16 or #18 or #19 or #20 or #21) | 702 |
| #23 | Search (#16 or #18 or #19 or #20 or #21) Filters: English | 637 |
| #24 | Search (#22 NOT #23) Non-English | 65 |

Cochrane Library, 6/23/14:

| ID | Search | Hits |
|----|--|-------|
| #1 | [mh "Patient Admission"] or [mh "Patient Discharge"] or "patient discharge" or "discharge service" or "discharge services" or [mh "Patient Readmission"] or "brief admission" or "patient admission" or readmission* | 4027 |
| #2 | [mh "Length of Stay"] or "length of stay" or [mh "Advance Directives"] or "advance directives" or [mh "Behavioral Medicine"] or "behavioral health" or [mh Observation] or [mh "Case Management"] or "case management" or [mh "Crisis Intervention"] or "crisis intervention" or "crisis residential service" or "crisis residential services" or psychoeducation or "bridge visit" or "bridge visits" or "follow up call" or "follow up calls" or "conditional release" or conservatorship or "transitional services" or "transitional care" or "transition support services" or "community treatment orders" or "assertive community treatment" or "outpatient treatment" or "out-patient treatment" or "extended leave" or ("commitment of mentally ill" and outpatient*) or (outpatient and commitment) or (involuntary and commitment) or [mh Jurisprudence] or [mh "Mandatory Programs"] or "mandatory program" or "mandatory programs" or "supervised discharge" or "mandated treatment" or "forced treatment" or "compulsory community treatment" or "compulsory treatment" or "extended leave" or "community treatment order" or "involuntary outpatient treatment" or "involuntary medication" or "forced medication" or ("court-ordered" and medication) or "assisted outpatient treatment" | 15915 |
| #3 | #1 and #2 | 1526 |
| #4 | [mh "Hospitals, Psychiatric"] or [mh "Psychiatric Department, Hospital"] or [mh "Community Mental Health Services" [mj]/UT] or "psychiatric hospitalization" or (psych* and hospital*) | 19509 |
| #5 | #3 and #4 | 381 |
| #6 | [mh "Mentally Ill Persons"] or [mh "Mental Disorders"] or [mh "Diagnosis, Dual (Psychiatry)"] or [mh ^"Substance-Related Disorders"] or [mh "Psychotic Disorders"] or [mh "Behavior, Addictive"] or [mh "Alcohol-Related Disorders"] or [mh "Amphetamine-Related Disorders"] or [mh "Cocaine-Related Disorders"] or [mh "Inhalant Abuse"] or [mh "Marijuana Abuse"] or [mh "Opioid-Related Disorders"] or [mh "Phencyclidine Abuse"] or [mh "Substance Abuse, Intravenous"] or "Mentally ill" or "seriously mentally ill" or SMI or SPMI or "serious mental illness" or "seriously and persistently mental ill" or "severe mental illness" or "mental disorders" or "mental problems" or "mental illness" | 45526 |
| #7 | #3 and #6 | 228 |
| #8 | #5 or #7 | 432 |

PsycINFO (EBSCO is vendor) 6-23-14: 40 results

| # | Query | Limiters/Expanders | Last Run Via | Results |
|-----|--|---|--|---------|
| S21 | S11 OR S13 OR S15 OR S18 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 40 |
| S20 | S9 AND S19 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 0 |
| S19 | "Case-Control Studies" OR "Cohort Studies" OR "Organizational Case Studies" OR "Cross-Over Studies" | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 1,729 |
| S18 | S9 AND S17 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 3 |
| S17 | "prospective cohort" OR "prospective studies" OR (prospective* AND cohort) | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 10,073 |
| S16 | S9 | Limiters - Methodology: - Systematic Review Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 0 |
| S15 | S9 AND S14 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 33 |
| S14 | | Limiters - Methodology: TREATMENT OUTCOME/CLINICAL TRIAL Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 27,136 |
| S13 | S9 AND S12 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 11 |
| S12 | "Randomized Controlled Trial"OR "Single-Blind Method" OR "Double-Blind Method" OR DE "Random | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search | 9,227 |

| # | Query | Limiters/Expanders | Last Run Via | Results |
|-----|--|---|--|---------|
| | Sampling" OR "Random Allocation" | | Database - PsycINFO | |
| S11 | S9 AND S10 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 2 |
| S10 | ("review" AND "systematic") OR "systematic review" OR ("review literature as topic" AND "systematic") OR "meta-analysis" OR "meta-analysis as topic" | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 30,391 |
| S9 | S8 | Limiters - Age Groups: Adulthood (18 yrs & older); Population Group: Human Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 413 |
| S8 | S5 OR S7 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 623 |
| S7 | S3 AND S6 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 213 |
| S6 | DE "Homeless Mentally Ill" OR DE "Mentally Ill Offenders" OR DE "Mentally Ill Persons" OR DE "Mental Disorders" OR DE "Adjustment Disorders" OR DE "Affective Disorders" OR DE "Alexithymia" OR DE "Anxiety Disorders" OR DE "Autism" OR DE "Chronic Mental Illness" OR DE "Dementia" OR DE "Dissociative Disorders" OR DE "Eating Disorders" OR DE "Elective Mutism" OR DE "Factitious Disorders" OR DE "Gender Identity Disorder" OR DE "Hysteria" OR DE "Impulse Control Disorders" OR DE "Koro" OR DE "Mental Disorders due to General Medical Conditions" OR DE "Neurosis" OR DE "Paraphilias" OR DE "Personality Disorders" OR DE "Pervasive Developmental Disorders" OR DE "Pseudodementia" OR DE "Psychosis" OR DE | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 282,250 |

| # | Query | Limiters/Expanders | Last Run Via | Results |
|----|--|----------------------------------|--|---------|
| | "Schizoaffective Disorder" OR "substance abuse disorders" OR DE "Drug Addiction" OR DE "Heroin Addiction" OR DE "Drug Dependency" OR DE "Acute Psychosis" OR DE "Acute Schizophrenia" OR DE "Addiction" OR DE "Alcoholism" OR DE "Drug Addiction" OR DE "Internet Addiction" OR DE "Sexual Addiction" OR "Amphetamine- Related Disorders" OR "Cocaine-Related Disorders" OR DE "Inhalant Abuse" OR DE "Glue Sniffing" OR "Marijuana Abuse" OR "Opioid-Related Disorders" OR "Phencyclidine Abuse" OR "intravenous substance abuse" OR "Mentally ill" OR "seriously mentally ill" OR SMI OR SPMI OR "serious mental illness" OR "seriously and persistently mental ill" OR "severe mental illness" OR "mental disorders" OR "mental problems" OR "mental illness" | | | |
| S5 | S3 AND S4 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 599 |
| S4 | DE "Psychiatric Hospitals" AND (psychiatric AND hospital AND department*) OR DE "Community Mental Health Services" OR DE "Community Counseling" OR "psychiatric hospitalization" OR (psych* and hospital*) | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 201,469 |
| S3 | S1 AND S2 | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 829 |
| S2 | DE "Treatment Duration" OR "treatment duration" OR "length of stay" OR DE "Advance Directives" OR "advance directives" OR DE "Behavioral Medicine" OR "behavioral health" OR DE "Case Management" OR "case management" OR DE "Crisis Intervention" OR DE "Debriefing (Psychological)" | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 48,608 |

| # | Query | Limiters/Expanders | Last Run Via | Results |
|----|---|----------------------------------|--|---------|
| | OR DE "Suicide Prevention" OR DE "Crisis Intervention Services" OR DE "Hot Line Services" OR DE "Suicide Prevention Centers" OR "crisis intervention" OR "crisis residential service" OR "crisis residential services" OR psychoeducation OR "bridge visit" OR "bridge visits" OR "follow up call" OR "follow up calls" OR "conditional release" OR conservatorship OR "transitional services" OR "transitional care" OR "transition support services" OR "community treatment orders" OR "assertive community treatment" OR "outpatient treatment" OR "out-patient treatment" OR "extended leave" OR ("commitment of mentally ill" AND outpatient*) OR (outpatient AND commitment) OR (involuntary AND commitment) OR DE "Law (Government)" OR DE "Civil Law" OR DE "Criminal Law" OR "mandatory program" OR "mandatory programs" OR "supervised discharge" OR "mandated treatment" OR "forced treatment" OR "compulsory community treatment" OR "compulsory treatment" OR "extended leave" OR "community treatment order" OR "involuntary outpatient treatment" OR "involuntary medication" OR "forced medication" OR ("court- ordered" AND medication) OR "assisted outpatient treatment" | | | |
| S1 | (DE "Hospital Admission") OR (DE "Discharge Planning") OR "patient discharge" OR "discharge service" OR "discharge services" OR [mh "Patient Readmission"] OR "brief admission" OR "patient admission" OR readmission* | Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO | 4,184 |

#1

| Search | Query | Items found |
|---------------------|---|------------------------|
| #1 | Search ("Patient Admission"[Mesh] OR "Patient Discharge"[Mesh] OR "patient discharge"[All Fields] OR "discharge service"[All Fields] OR "discharge services"[All Fields] OR "Patient Readmission"[Mesh] OR "brief admission"[All Fields] OR "patient admission"[All Fields] OR readmission*[All Fields]) | 48982 |
| #2 | Search ("Length of Stay"[Mesh] OR "length of stay"[All Fields] OR "Advance Directives"[Mesh] OR "advance directives"[All Fields] OR "Behavioral Medicine"[Mesh] OR "behavioral health"[All Fields] OR "Observation"[Mesh] OR "Case Management"[Mesh] OR "case management"[All Fields] OR "Crisis Intervention"[Mesh] OR "crisis intervention"[All Fields] OR "crisis residential service"[All Fields] OR "crisis residential services"[All Fields] OR psychoeducation[All Fields] OR "bridge visit"[All Fields] OR "bridge visits"[All Fields] OR "follow up call"[All Fields] OR "follow up calls"[All Fields] OR "conditional release"[All Fields] OR conservatorship[All Fields] OR "transitional services"[All Fields] OR "transitional care"[All Fields] OR "transition support services"[All Fields] OR "community treatment orders"[All Fields] OR "assertive community treatment"[All Fields] OR "outpatient treatment"[All Fields] OR "out-patient treatment"[All Fields] OR "extended leave"[All Fields] OR ("commitment of mentally ill" AND outpatient*) OR (outpatient AND commitment) OR (involuntary AND commitment) OR "Jurisprudence"[Mesh] OR "Mandatory Programs"[Mesh] OR "mandatory program"[All Fields] OR "mandatory programs"[All Fields] OR "supervised discharge"[All Fields] OR "mandated treatment"[All Fields] OR "forced treatment"[All Fields] OR "compulsory community treatment"[All Fields] OR "compulsory treatment"[All Fields] OR "extended leave"[All Fields] OR "community treatment order"[All Fields] OR "involuntary outpatient treatment"[All Fields] OR "involuntary medication"[All Fields] OR "forced medication"[All Fields] OR ("court-ordered"[All Fields] AND medication[All Fields]) OR "assisted outpatient treatment"[All Fields]) | 278828 |
| #3 | Search (#1 and #2) | 13026 |
| #4 | Search ("Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh]) OR "Community Mental Health Services/utilization"[Majr] OR "psychiatric hospitalization"[All Fields] OR (psych* and hospital*) | 29400 |
| #5 | Search (#3 and #4) | 1017 |
| #6 | Search ("Mentally Ill Persons"[Mesh] OR "Mental Disorders"[Mesh] OR "Diagnosis, Dual (Psychiatry)"[Mesh] OR "Substance-Related Disorders"[Mesh:NoExp] OR "Psychotic Disorders"[Mesh] OR "Behavior, Addictive"[Mesh] OR "Alcohol-Related Disorders"[Mesh] OR "Amphetamine-Related Disorders"[Mesh] OR "Cocaine-Related Disorders"[Mesh] OR "Inhalant Abuse"[Mesh] OR "Marijuana Abuse"[Mesh] OR "Opioid-Related Disorders"[Mesh] OR "Phencyclidine Abuse"[Mesh] OR "Substance Abuse, Intravenous"[Mesh] OR "Mentally ill"[All Fields] OR "seriously mentally ill"[All Fields] OR SMI[All Fields] OR SPMI[All Fields] OR "serious mental illness"[All Fields] OR "seriously and persistently mental ill"[All Fields] OR "severe mental illness"[All Fields] OR "mental disorders"[All Fields] OR "mental problems"[All Fields] OR "mental illness"[All Fields]) | 964114 |
| #7 | Search (#3 and #6) | 2660 |
| #8 | Search (#5 or #7) | 2775 |
| #9 | Search (#3 and #6) Filters: Humans | 2644 |
| #10 | Search (#3 and #6) Filters: Other Animals | 1 |
| #11 | Search (#10 not #9) | 0 |
| #12 | Search (#9 not #11) | 2644 |
| #13 | Search (#9 not #11) Filters: Adult: 19+ years | 1739 |
| #14 | Search (("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH] AND "systematic"[tiab]) OR "meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields]) | 128672 |
| #15 | Search (#13 and #14) | 6 |
| #16 | Search ("Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]) | 458205 |
| #17 | Search (#13 and #16) | 101 |

| | | |
|---------------------|---|---------------------|
| #18 | Search (#9 not #11) Filters: Clinical Trial; Adult: 19+ years | 162 |
| #19 | Search (#13 and ("prospective cohort" OR "prospective studies"[MeSH] OR (prospective*[All Fields] AND cohort[All Fields] AND (study[All Fields] OR studies[All Fields]))) | 111 |
| #20 | Search (#13 and ("Case-Control Studies"[MeSH] OR "Cohort Studies"[MeSH] OR "Organizational Case Studies"[MeSH] OR "Cross-Over Studies"[MeSH])) | 702 |
| #21 | Search (#15 or #17 or #18 or #19 or #20) | 790 |
| #22 | Search (#15 or #17 or #18 or #19) | 258 |
| #23 | Search (#15 or #17 or #18 or #19) Filters: English | 241 |
| #24 | Search (#15 or #17 or #18 or #19 or #20) Filters: English SAVED | 717 |
| #25 | Search (#21 NOT #24) NON-ENGLISH SAVED SEPARATELY | 73 |

| Search | Add to builder | Query | Items found | Time |
|---------------------|---------------------|---|------------------------|----------|
| #29 | Add | Search "Patient Admission"[Mesh] OR "Patient Discharge"[Mesh] OR "Patient Readmission"[Mesh] OR "brief admission"[All Fields] OR "patient admission"[All Fields] OR readmission*[All Fields] | 48369 | 16:14:17 |
| #30 | Add | Search "Length of Stay"[Mesh] OR "length of stay"[All Fields] OR "Advance Directives"[Mesh] OR "advance directives"[All Fields] OR "conditional release"[All Fields] OR conservatorship[All Fields] OR "transitional services"[All Fields] OR "transition support services"[All Fields] OR "community treatment orders"[All Fields] OR "assertive community treatment"[All Fields] OR "outpatient treatment"[All Fields] OR "out-patient treatment"[All Fields] OR "extended leave"[All Fields] OR ("commitment of mentally ill" AND outpatient*) OR (outpatient AND commitment) OR (involuntary AND commitment) OR "Jurisprudence"[Mesh] OR "Mandatory Programs"[Mesh] OR "mandatory program"[All Fields] OR "mandatory programs"[All Fields] OR "supervised discharge"[All Fields] OR "mandated treatment"[All Fields] OR "forced treatment"[All Fields] OR "compulsory community treatment"[All Fields] OR "compulsory treatment"[All Fields] OR "extended leave"[All Fields] OR "community treatment order"[All Fields] OR "involuntary outpatient treatment"[All Fields] OR "involuntary medication"[All Fields] OR "forced medication"[All Fields] OR ("court-ordered"[All Fields] AND medication[All Fields]) OR "assisted outpatient treatment"[All Fields] | 251160 | 16:18:14 |
| #31 | Add | Search (#29 and #30) | 11732 | 16:20:01 |
| #32 | Add | Search "Hospitals, Psychiatric"[Mesh] OR "Psychiatric Department, Hospital"[Mesh] OR "Community Mental Health Services/utilization"[Majr] OR "psychiatric hospitalization"[All Fields] OR (psych* and hospital*) | 29395 | 16:20:09 |
| #33 | Add | Search (#31 and #32) | 931 | 16:20:20 |
| #34 | Add | Search "Mentally Ill Persons"[Mesh] OR "Mental Disorders"[Mesh] OR "Diagnosis, Dual (Psychiatry)"[Mesh] OR "Substance-Related Disorders"[Mesh:NoExp] OR "Psychotic Disorders"[Mesh] OR "Behavior, Addictive"[Mesh] OR "Alcohol-Related Disorders"[Mesh] OR "Amphetamine-Related Disorders"[Mesh] OR "Cocaine-Related Disorders"[Mesh] OR "Inhalant Abuse"[Mesh] OR "Marijuana Abuse"[Mesh] OR "Opioid-Related Disorders"[Mesh] OR "Phencyclidine Abuse"[Mesh] OR "Substance Abuse, Intravenous"[Mesh] OR "Mentally ill"[All Fields] OR "seriously mentally ill"[All Fields] OR SMI[All Fields] OR SPMI[All Fields] OR "serious mental illness"[All Fields] OR "seriously and persistently mental ill"[All Fields] OR "severe mental illness"[All Fields] OR "mental disorders"[All Fields] OR "mental problems"[All Fields] OR "mental illness"[All Fields] | 963753 | 16:20:34 |
| #35 | Add | Search (#31 and #34) | 2367 | 16:20:47 |
| #36 | Add | Search (#33 or #35) | 2460 | 16:22:59 |
| #37 | Add | Search (#33 or #35) Filters: Humans | 2440 | 16:22:41 |
| #38 | Add | Search (#33 or #35) Filters: Other Animals | 1 | 16:22:58 |
| #39 | Add | Search (#38 NOT #37) | 0 | 16:23:30 |
| #40 | Add | Search (#35 NOT #39) | 2367 | 16:45:38 |

| | | | | |
|---------------------|---------------------|--|------------------------|----------|
| #41 | Add | Search (#35 NOT #39) Filters: Adult: 19+ years | 1554 | 16:36:37 |
| #42 | Add | Search (#35 NOT #39) Filters: English; Adult: 19+ years | 1350 | 16:45:38 |
| #43 | Add | Search ("review"[Publication Type] AND "systematic"[tiab]) OR "systematic review"[All Fields] OR ("review literature as topic"[MeSH] AND "systematic"[tiab]) OR "meta-analysis"[Publication Type] OR "meta-analysis as topic"[MeSH Terms] OR "meta-analysis"[All Fields] | 128492 | 16:38:38 |
| #44 | Add | Search (#42 and #43) | 4 | 16:38:50 |
| #45 | Add | Search (#35 NOT #39) Filters: Randomized Controlled Trial; English; Adult: 19+ years | 62 | 16:39:49 |
| #46 | Add | Search (#35 NOT #39) Filters: Clinical Trial; English; Adult: 19+ years | 112 | 16:40:37 |
| #47 | Add | Search #42 AND ("prospective cohort" OR "prospective studies"[MeSH] OR (prospective*[All Fields] AND cohort[All Fields] AND (study[All Fields] OR studies[All Fields]))) Filters: English; Adult: 19+ years | 94 | 16:47:24 |
| #48 | Add | Search #42 AND ("Case-Control Studies"[MeSH] OR "Cohort Studies"[MeSH] OR "Organizational Case Studies"[MeSH] OR "Cross-Over Studies"[MeSH]) | 573 | 16:49:02 |
| #49 | Add | Search (#44 or #45 or #46 or #47) | 195 | 16:50:45 |

The above is the first Test Search 6-13-14 in PubMed

Appendix C. Excluded Studies

Full-text exclusion codes:

X1 = Ineligible Publication Type
 X2 = Ineligible Population(s)
 X3 = Ineligible/No Intervention(s)
 X4 = Ineligible Setting(s)
 X5 = Does not answer any GQ
 X6 = Ineligible Study Design
 X7 = Ineligible/No Comparator(s)

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| <p>1. Nursing Interventions to Improve Functional Outcome in Patients with Severe Mental Illness (NISMI). Exclusion Code: X2</p> <p>2. Comprehensive aftercare service for patients with severe mental illnesses Exclusion Code: X2</p> <p>3. Recovery Guide Intervention for Recurrent Psychiatric Hospitalization Exclusion Code: X1</p> <p>4. Supported discharge vs In-patient Treatment Evaluation (SITE) Exclusion Code: X2</p> <p>5. . Longer stays, MH care lower SA readmissions. Mental Health Weekly. 1995;5(4):4. PMID: 9502064067. Exclusion Code: X1</p> <p>6. . Home setting offers alternative for clients in crisis. Mental Health Weekly. 1996;6(22):1. PMID: 9606173957. Exclusion Code: X1</p> <p>7. The rise in emergency admissions project. Executive summary (Structured abstract). Database of Abstracts of Reviews of Effects: Coventry University, Coventry Business School; York; 1998. p. 1ff. Exclusion Code: X2</p> <p>8. . No benefit or harm in treatment orders. Community Care. 2007(1664):10-. PMID: 24693567. Exclusion Code: X1</p> | <p>9. Aberg-Wistedt A, Cressell T, Lidberg Y, et al. Two-year outcome of team-based intensive case management for patients with schizophrenia. Psychiatr Serv. 1995 Dec;46(12):1263-6. PMID: 8590112. Exclusion Code: X2</p> <p>10. Adams P, Nielson H. Evidence based practice: decreasing psychiatric revisits to the emergency department. Issues Ment Health Nurs. 2012 Aug;33(8):536-43. PMID: 22849781. Exclusion Code: X2</p> <p>11. Adesanya A. Impact of a crisis assessment and treatment service on admissions into an acute psychiatric unit. Australas Psychiatry. 2005 Jun;13(2):135-9. PMID: 15948909. Exclusion Code: X2</p> <p>12. Bartak A, Andrea H, Spreeuwenberg MD, et al. Patients with cluster a personality disorders in psychotherapy: an effectiveness study. Psychother Psychosom. 2011;80(2):88-99. PMID: 21196806. Exclusion Code: X2</p> |
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Appendix D. Ongoing and Unpublished Studies

Table D1. Ongoing studies

| Study Name Location Trial Identifier | Sponsors and Collaborators Study Status | Population Disease/Condition Age | Interventions / Groups | Primary Outcome Measures |
|---|---|--|--|--|
| Peer support for schizophrenia Location NR CD010880 | Cochrane Schizophrenia Group Ongoing, publication date NR | Majority of patients in included studies required to: <ul style="list-style-type: none"> • Be adults • Have diagnosis of schizophrenia, schizophrenia-like disorders, bipolar disorder, or serious affective disorders | Transition support service: Community-based peer support interventions Comparators: <ul style="list-style-type: none"> • Other psychosocial or supportive intervention not involving a “peer” individual or group • Standard care | <ul style="list-style-type: none"> • Hospital admission • Time to hospitalization • Use of specialist community services (i.e., early interventions, assertive outreach and crisis teams) • Relapse • Time to relapse |
| Effectiveness and Cost Effectiveness of Peer Mentors in Reducing Hospital Use Connecticut, US NCT01566513 | NIMH Ongoing, publication date NR | <ul style="list-style-type: none"> • Aged 18 years or older • ≥2 psychiatric hospitalizations in the past year • Diagnosis of SMI | Transition support service: <ul style="list-style-type: none"> • Community-based peer support interventions delivered by peer case managers • Community-based peer support interventions delivered by non- peer recovery mentors Comparator(s): Standard care | <ul style="list-style-type: none"> • Service use |
| S22-01 - Preventive monitoring of psychiatric patients at risk for compulsory readmission: preliminary results of a multi-center RCT Mannheim, Germany Study identifier NR | Sponsors NR Ongoing; preliminary results available, but final analyses and publication unavailable | <ul style="list-style-type: none"> • Aged 18-65 years • Psychiatric inpatients with schizophrenia or affective disorder | Transition support service: <ul style="list-style-type: none"> • Comprehensive psychoeducational program consisting of: 1) Focus on warning signs; 2) Distribution of crisis cards; 3) 24-month preventive monitoring of patients’ mental health status and health care use Comparator(s): Standard care | <ul style="list-style-type: none"> • Psychiatric symptoms • Risk for violence • Treatment satisfaction • Empowerment • Quality of life • Health care use |

Table D1. Ongoing studies (continued)

| Study Name Location Trial Identifier | Sponsors and Collaborators Study Status | Population Disease/Condition Age | Interventions / Groups | Primary Outcome Measures |
|---|---|---|--|---|
| P-601 - Understanding the revolving door syndrome Coimbra, Portugal Study identifier NR | Sponsors NR Ongoing; preliminary results, but final analyses and publication unavailable | <ul style="list-style-type: none"> Patients with high number of admissions to Coimbra University Hospitals | Social network and clinical service use, but specific types being evaluated NR | <ul style="list-style-type: none"> Hospital readmission |
| Preventing compulsory admission to psychiatric inpatient care through psycho-education and crisis focused monitoring Canton of Zurich, Switzerland ISRCTN63162737 | Psychiatric University Hospital Zurich, Zurich, Switzerland; Central Institute of Mental Health, Mannheim Germany Ongoing, publication date NR | <ul style="list-style-type: none"> Aged 18-65 years Compulsorily admitted to psychiatric hospital ≥ 1 in 24 months prior to study Receive inpatient treatment in one of four psychiatric hospitals participating in study during recruitment phase Residing in Canton of Zurich | Transition support service: <ul style="list-style-type: none"> Individualized psychoeducational program consisting of: 1) Focus on behaviors prior to and during illness-related crisis; 2) Distribution of an individualized crisis card containing essential information and guidelines for preventing an acute crisis or for acting properly prior to or during a relapse; 3) 24-month preventive monitoring of individual risk factors of relapse or inadequate disorder-treatment-related behavior. | <ul style="list-style-type: none"> Health care use (including voluntary and involuntary hospital admissions) Psychiatric symptoms Global Assessment of Functioning Risk of self-harm or threat to others Perceived coercion / informal coercion Empowerment Quality of life Social support Internalized stigma |
| Comparator(s): Standard care | | | | |

Table D1. Ongoing studies (continued)

| Study Name Location Trial Identifier | Sponsors and Collaborators Study Status | Population Disease/Condition Age | Interventions / Groups | Primary Outcome Measures |
|---|--|--|--|--|
| Goal setting and activities to enhance goal pursuit for adults with acquired disabilities participating in rehabilitation Location NR CD009727 | Cochrane Consumers and Communication Group Ongoing, publication date NR | <ul style="list-style-type: none"> • People receiving rehabilitation for disability acquired in adulthood (i.e., after 16 years of age) • Presence of cognitive or psychiatric impairments in study populations will comprise subgroup analysis if enough evidence available | <p>Transition support service:</p> <ul style="list-style-type: none"> • Approach to goal setting in comparison to no structured approach to goal setting • Activities to enhance goal pursuit in comparison to no additional activities to enhance goal pursuit <p>Comparator(s):</p> <ul style="list-style-type: none"> • Lack of structured approach to goal setting • No additional to enhance goal pursuit | <ul style="list-style-type: none"> • Health-related quality of life • Activity outcomes (e.g., activities of daily living, mobility) • Participation outcomes (e.g., work, community integration, social relationships) |
| Patient-Centered Alternative to Psychiatric Hospitalization for Veterans Veterans Affairs San Diego Health Care System, San Diego, California NCT00013169 | Department of Veterans Affairs | <ul style="list-style-type: none"> • Be veterans • In need of acute psychiatric hospitalization, but able to take care of themselves | <p>Alternative to hospitalization: Short-Term Acute Residential Treatment (START) model</p> <p>Comparator(s): Inpatient treatment in a VA psychiatric unit</p> | <ul style="list-style-type: none"> • Psychiatric symptoms • Functioning • Quality of life • Satisfaction with services |

Table D1. Ongoing studies (continued)

| Study Name Location Trial Identifier | Sponsors and Collaborators Study Status | Population Disease/Condition Age | Interventions / Groups | Primary Outcome Measures |
|---|--|---|---|--|
| Enhanced crisis planning for serious mental illness Location NR CD009482 | Cochrane Schizophrenia Group Ongoing, publication date NR | <ul style="list-style-type: none"> Adults between 18 and 65 years Diagnosed with schizophrenia, schizophrenia-like disorders, bipolar disorder, or depressive disorders using any criteria Any length of illness and treatment setting eligible Use of antipsychotic medication for mental illness acceptable | <p>Alternative to hospitalization: Crisis planning interventions (any type meant primarily to prevent relapse and hospital readmission)</p> <p>Comparator(s): Standard care</p> | <ul style="list-style-type: none"> Hospital readmission, relapse of mental illness, or both |
| P02-292 - A randomized controlled trial on the efficacy of group psychoeducation family intervention for carers of persons with schizophrenia in Shanghai Shanghai Changning Mental Health Center, Shanghai Jiao Tong University, Shanghai, China Trial identifier NR | NR | <ul style="list-style-type: none"> Patients with schizophrenia and their relatives | <p>Transition support service: Community-based, group psychoeducational family intervention</p> <p>Comparator(s): Control group, details of any care received NR</p> | <ul style="list-style-type: none"> Hospital readmission Knowledge related to mental illness Family attitudes toward patient Overall (not specified) Treatment compliance Rate of relapse Overall functioning Marital role Care of self Negative influence on society |

Abbreviations: NR = not reported; RCT = randomized controlled trial; SMI = serious mental illness; START = Short-Term Acute Residential Treatment; US = United States; VA = Veterans Affairs

Table D2. Unpublished study

| Study Name Location Trial Identifier | Sponsors and Collaborators Study Status | Population Disease/Condition Age | Interventions / Groups | Primary Outcome Measures |
|--|---|--|---|--|
| P-1177 - "Porta aberta" - a psychoeducational programme for bipolar disorders' patients Amadora, Portugal Study identifier NR | Sponsors NR Completed, but publication unavailable | <ul style="list-style-type: none"> Patients with bipolar disorder discharged from inpatient psychiatric hospital Age eligibility NR, but mean age 37.3 | <p>Transition support service: Group psychoeducation program called "Porta Aberta" (Open Door) based in a day hospital</p> <p>Comparators: Single-group pre-post comparison</p> | <ul style="list-style-type: none"> Hospital readmission Average LOS during readmission |

Abbreviations: LOS = length of stay; NR = not reported

Appendix E. Characteristics and Outcomes for Management Strategies

Table E-1. Characteristics and outcomes for length of stay (LOS) studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis types, mean prior hospitalizations country, setting | Intervention | Comparator(s) | Outcomes | Results |
|---|---|---|--|------------------------|--|
| Appleby et al., 1993 ¹ Cohort (Retrospective) 1,500 18 months | All psychotic disorder patients 5.4 US, inpatient | ≤7 days (n=316) | 8-14 days (n=352); 15-30 days (n=343); 31-60 days (n=232); >60 days (n=257) | Readmission rate | Shorter hospital stay groups (≤14 days) produced higher readmission rates at 1 and 18 months |
| Appleby et al., 1996 ² Cohort (retrospective) 165 12 months | All psychotic disorder patients 11 US, inpatient | Long-stay unit (mean of 69 days) (n=55) | Shorter-stay units (means of 32 to 35 days); (n=55; n=55) | Number of readmissions | Number of readmissions did not differ by LOS |

LOS = length of stay; US = United States.

Table E-2. Characteristics and outcomes for case management studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|--|---|--|---|--|
| Burns et al., 1999 ³ Tyrrer et al., 1999 ⁴ RCT 708 2 years | All psychotic disorder patients ≥2 prior admissions and ≥1 in last year UK, MH/specialty care | Intensive case management (n=353) | Standard case management (n=355) | Number of readmissions LOS | No difference in number of readmissions or LOS |
| Chan et al., 2000 ⁵ RCT 62 11 months | All psychotic disorder patients ≥3 admissions in last 24 months China, outpatient | Case management (n=31) | Traditional community psychiatric nursing (CPN) care (n=31) | Readmission rate (unplanned) LOS (unplanned) | No difference in unplanned readmission rates between case management and standard CPN care LOS less with case management (1 patient) than traditional care (1 patient) |
| Harrison-Read et al., 2002 ⁶ RCT 193 2 years | Primarily psychotic and mood disorder patients, with some personality or other disorders 5.4 to 5.6 UK, outpatient | Intensive case management (enhanced community management) (n=97) | Usual care (n=96) | Number of readmissions LOS | No difference in number of readmissions or LOS |
| Lichtenberg et al., 2008 ⁷ RCT, with a third nonrandomized group 370 12 months | Mostly psychotic patients, but also some with mood, personality, and other disorders 12 to 12.9 Israel, outpatient | Intensive case management (clinical case management) (n=122) | Standard care (n=95) No treatment (nonrandomized) (n=153) | Number of readmissions Readmission rate LOS | No differences in number of readmissions, readmission rate, or LOS |

Table E-2. Characteristics and outcomes for case management studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|--|---|---|--|--|
| Muijen et al., 1994 ⁸ RCT 82 18 months | All psychotic or affective psychotic disorder patients ≥2 prior admissions in last 2 years UK, MH/specialty care, primary care | Intensive case management (intensive aftercare) (n=41) | Generic aftercare (CPN) (n=41) | Number of readmissions OS | No difference between number of readmissions or LOS |
| Quinlivan et al., 1995 ⁹ RCT 90 2 years | Nearly all psychotic and mood disorder patients ≥3 prior admissions in last 2.5 years US, MH/specialty care | Intensive case management (n=30) | Traditional case management (n=30) Standard care (n=30) | LOS LOS | ICM group had shorter LOS compared with standard care ICM group had a trend toward shorter compared with traditional case management |
| Hornstra et al., 1993 ¹⁰ Cohort (retrospective with matched cohorts) 224 24 months | All psychotic disorder patients, 3.46 to 3.83 prior admissions US, outpatient | Intensive case management (n=112) | Traditional case management (n=112) | Number readmissions Readmission rate LOS | No difference in number of readmissions, readmission rate, or LOS |
| Kolbasovsky et al., 2009 ¹¹ Cohort (retrospective, using an intent-to-treat, historical control design) 652 1 month | Nearly all psychotic and mood disorder patients identified by predictive model ¹² as having high risk of readmission in next year US, outpatient | Intensive case management (n=305) | Pre-intensive case management (n=347) | Readmission rate LOS | ICM group had lower 30-day readmission rate and shorter LOS |

| | | | | | |
|---|--|-----------------------------------|---|------------------|--------------------------------------|
| Kolbasovsky et al., 2010 ¹³ | Primarily psychotic and bipolar disorder patients identified by predictive model ¹² as having high risk of readmission in next year | Intensive case management (n=290) | Historical control group (no ICM) (n=306) | Readmission rate | ICM group had lower readmission rate |
| Nonrandomized controlled trial (historical controls used) | | | | | |
| 596 | US, outpatient | | | | |
| 6 months | | | | | |

Table E-2. Characteristics and outcomes for case management studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|--|--|---------------------------|---|---|
| Parson et al., 1999 ¹⁴ Cohort (prospective or retrospective, type unclear) 60 Study duration NR | Patients diagnosed primarily with psychotic, mood, and adjustment disorders Not reported US, outpatient | Case management (n=24) | No case management (n=36) | Readmission rate | No difference in readmission rate |
| Preston et al., 2000 ¹⁵ Cohort (retrospective; not case control because cases not selected based on outcome) 160 2 years | Primarily psychotic, mood, and affective disorder patients and some diagnosed with not otherwise specified conditions ≥2 prior admissions lasting >30 days Australia, outpatient | Intensive case management (n=80) | Matched control (n=80) | LOS | ICM group had shorter LOS at both 1 and 2 years post-treatment compared with controls |
| Rothbard et al., 2012 ¹⁶ Cohort (prospective) 176 12 months | Almost all patients diagnosed with psychotic and mood disorders 5.4 to 5.6 US, inpatient, outpatient, MH/specialty care | Intensive case management (high end user enhanced transition support and case coordination program) (n=61) | Care as usual (n=115) | Number of readmissions Readmission rate LOS | ICM group had a <i>greater</i> number of readmissions, a <i>higher</i> readmission rate, and a <i>greater</i> LOS |

Table E-2. Characteristics and outcomes for case management studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|---|--|-----------------------------------|--------------------------------------|--|
| Husted et al., 2000 ¹⁷ Single-group pre- post 59 11 months to 10.8 years | All patients with psychotic disorders, bipolar affective disorder, recurrent MDD, or borderline personality disorder and/or ≥2 inpatient hospitalizations in last 24 months Mean number of hospitalizations: 1.8 US, outpatient, MH/specialty care | Intensive case management (community support program [CSP]) (n=59) | Pre-CSP (n=59) | Readmission rate LOS | After participation in CSP program, readmission rate and LOS decreased |
| Mahendran et al., 2006 ¹⁸ Single-group pre- post 227 12 months | Patients diagnosed almost entirely with psychotic and mood disorders, History of repeated admissions Singapore, inpatient, outpatient | Case management (hospital-based) (n=227) | Pre-case management (n=227) | Number of readmissions LOS | After participation in hospital-based case management group, number of readmissions and LOS decreased |

CPN = community psychiatric nurse(s); CSP = community support programs; ICM = intensive case management; LOS = length of stay(s); MDD = major depressive disorder; MH = mental health; NR = not reported; RCT = randomized controlled trial; UK = United Kingdom; US = United States.

Table E-3. Characteristics and outcomes for psychoeducation studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|--|---|---|---|--|
| McFarlane et al., 1995 ¹⁹ RCT 41 4 years | All psychotic disorder patients 3.9 over 6.4 years of illness, on average US, MH/specialty care | Psycho-educational multiple-family group (n=16) | Psychoeduca- tional single- family treatment (n=18) Family-dynamic, multiple-family group (n=7) | Readmission rates | Multiple-family group more effective in decreasing readmission rates than single-family treatment, but similar to family- dynamic, multiple- family group |
| Pitschel-Walz et al., 2006 ²⁰ Bauml et al., 2007 ²¹ Munich Psychosis Information Project Study RCT 236 7 years | All psychotic disorder patients, 4 Germany, inpatient, outpatient | Psycho-educational group meetings for patients and relatives + routine treatment (n=125) | Routine treatment (n=111) | Number of readmissions Readmission rate LOS | Psycho-educational group had fewer than half the number of readmissions Psycho-educational group had lower readmission rate Psycho-educational group had shorter LOS |
| de Groot et al., 2003 ²² Cohort (retrospective) 54 7 years | All psychotic disorder patients, 2.5 to 2.8 Australia, outpatient | Psychoeducation program for families (n=27) | No program (matched control) (n=27) | Number of readmissions LOS | No difference in number of readmissions or LOS. |

LOS, length of stay; MH, mental health; RCT, randomized controlled trial; UK, United Kingdom; US, United States.

Table E-4. Characteristics and outcomes for other transitional support service studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|---|---|-------------------------------------|---|--|
| Computerized decision support tool Schmidt-Kraepelin et al., 2009 ²³ Nonrandomized controlled study (unblinded interventional with matched control) | All psychotic disorder patients 7.3 Germany, outpatient, MH/specialty care | Complex decision support intervention (n=46) | Treatment as usual (n=47) | Number of readmissions Readmission rate LOS (overall, voluntary, involuntary) | Decision support tool group had decreased number of readmissions and readmission rate No differences in LOS, although a trend toward decreased LOS seen in the decision support group |
| 93 | | | | | |
| 12 months | | | | | |
| Supervised discharge Davies et al., 2001 ²⁴ Davies et al., 1999 ²⁵ Single-group pre- post 22 | Mostly psychotic disorder patients and some diagnosed with mood disorders 7.3 UK, outpatient | Supervised discharge (n=22) | Unsupervised discharge (n=22) | Number of readmissions LOS | Supervised discharge appeared to produce fewer readmissions and decreased LOS |
| 3 years | | | | | |
| Needs-oriented discharge planning Puschner et al., 2011 ²⁶ Puschner et al., 2008 ²⁷ RCT 491 | All psychotic and mood disorder patients 2.9 Germany, inpatient, MH/specialty care | Needs-oriented discharge planning and monitoring (n=241) | Treatment as usual (n=250) | Readmission rate LOS | No difference in readmission rates or LOS |
| 18 months | | | | | |

Table E-4. Characteristics and outcomes for other transitional support service studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|--|---|--|-----------------------------------|--|
| Various outpatient services Prince, 2006 ²⁸ Cohort (prospective or retrospective, type unclear) 315 3 months | All psychotic disorder patients Almost three-fourths of the patients had ≥3 prior admissions US, outpatient | Various outpatient community treatment services (i.e., medication education, symptom education, care continuity, social relations training, daily structure, daily living training, or kin involvement) (n=NR) | Individual services not received (n=NR) | Readmission rate | Overall, those receiving symptom education, service continuity, or daily structure had a decreased readmission rate. However, for the subgroup with 0–3 prior admissions, no clear benefit was seen with any of the services. |
| Peer support Sledge et al., 2011 ²⁹ RCT 74 9 months | NR for sample, but inclusion criteria required a diagnosis of schizophrenia, schizoaffective disorder, psychotic disorder not otherwise specified, bipolar disorder, or MDD ≥2 admissions in previous 18 months US, outpatient | Peer mentor support plus usual care (n=38) | Usual care (n=36) | Number of readmissions LOS | Peer mentor support group had fewer readmissions and decreased LOS. |

LOS = length of stay; MDD = major depressive disorder; MH = mental health; NR = not reported; RCT = randomized controlled trial; UK = United Kingdom; US = United States.

Table E-5. Characteristics and outcomes for ACT studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|---|------------------------|--|---|--|
| Bond et al., 1990 ³⁰ RCT 88 12 months | Primarily psychotic and mood disorder patients ≥3 separate psychiatric hospitalizations within last 2 years and ≥5 lifetime US, outpatient | ACT (n=45) | Drop-in centers supplemented by aftercare services (n=43) | Number of readmissions Readmission rates LOS | For state hospitals, ACT group had fewer 12- month hospital readmissions, as well as shorter LOS than drop-in center patients; there was no difference in readmission rates. For private hospitals, there were no differences in the number of readmissions, the readmission rates, or the LOS. |
| Botha et al., 2010 ³¹ RCT 60 12 months | All psychotic disorder patients Not reported overall, but ≥ 2 prior psychiatric admissions South Africa, inpatient, outpatient, MH/Specialty Care | ACT (n=34) | Control group (n=26) | Number of readmissions Readmission rates LOS (overall) | ACT group had decreased number of psychiatric readmissions, readmissions rates, and LOS. |
| Botha et al., 2014 ³² RCT 60 12 months | All psychotic disorder patients ≥4 prior admissions in last 36 months South Africa, inpatient, outpatient, MH/specialty care | Modified ACT (N=34) | Standard care (community mental health care) (n=26) | Number of readmissions LOS | ACT group experienced fewer 36-month readmissions. ACT group experienced decreased LOS. |

Table E-5. Characteristics and outcomes for ACT studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|---|-----------------------------|--|---|---|
| Essock & Kontos, 1995 ³³ RCT 262 12 months | Nearly all psychotic and mood disorder patients, some diagnosed with other Axis I disorders Not reported, but patients identified as high risk of readmission US, inpatient, outpatient, MH/specialty care | ACT (n=NR) | Standard case management (n=NR) | Proportion of days hospitalized (a variation of LOS) | ACT group spent about half as much time hospitalized during 12 month followup as standard case management clients (7.6% vs. 14.3%, respectively, a statistically significant difference). |
| Sytema et al., 2007 ³⁴ RCT 118 3 to 12 months | Primarily psychotic, mood, and delusional disorder patients 3.1 to 4.2 mean inpatient days per month over the prior year The Netherlands, outpatient | ACT (n=59) | Standard community mental health control (n=59) | Number of readmissions LOS LOS in closed wards | No differences in number of readmissions per month, LOS in a psychiatric hospital, or LOS in closed wards. |
| Bond et al., 1991 ³⁵ Cohort (Prospective) 31 2 years | Patients mostly diagnosed with psychotic disorders 2.6 to 2.7 US, outpatient | ACT (team ICM) (n=29) | Senior case management (individual ICM) (n=10) | Number of readmissions Readmission rate (proportion with hospital readmissions) LOS | No differences overall in number of readmissions, but over time there was a trend for declining hospital readmissions for ACT clients vs. an alternating decreasing and increasing pattern for Senior Case Manager clients. ACT group had a decreased readmission rate. No difference in LOS |

Table E-5. Characteristics and outcomes for ACT studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|---|--------------|---------------------------------|---|---|
| Hamernik et al., 1999 ³⁶ Non-randomized controlled trial 38 12 months | Nearly all psychotic and mood disorder patients 3.19 to 5 Australia, inpatient, outpatient, MH/specialty care | ACT (n=18) | Standard case management (n=20) | Readmission rates LOS | No difference between groups in 12-month readmission rates or LOS during readmissions, although both groups experienced reductions. |
| Liem et al., 2013 ³⁷ Cohort (prospective with historical control) 24 months | Primarily psychotic, mood or anxiety, or personality or substance use disorder patients 3.6 to 3.7 Hong Kong, outpatient | ACT (n=70) | Care as usual (n=70) | Number of readmissions Readmission rate LOS (overall, voluntary, involuntary) | ACT group had greater reduction in readmissions, readmission rates, and LOS. |
| Dincin et al., 1993 ³⁸ Single-group pre-post 66 12 months | Patients with mostly psychotic disorders and also major affective disorder ≥3 admissions in previous year and 5 lifetime admissions US, outpatient, MH/specialty care | ACT (n=66) | Pre-ACT (n=66) | Readmission rate LOS in bed days | After ACT, the sample demonstrated a reduction in state hospital readmissions and a shorter LOS |
| Tibbo et al., 1999 ³⁹ Single-group pre-post (retrospective, observational) 295 12 months | Patients with mixture of psychotic, mood, personality, and other disorders 1.26 prior admissions in last year Canada, outpatient | ACT (n=295) | Pre-ACT (n=295) | Readmission rate LOS | After ACT, the sample demonstrated lower readmission rate and lower average LOS. |

Table E-5. Characteristics and outcomes for ACT studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|--|---|--------------------|-----------------------------|---|
| Udechuku et al., 2005 ⁴⁰ Single-group pre-post 43 12 months | Nearly all psychotic disorder patients with a single case of mood disorder and several comorbid personality and anxiety disorders Identified at high risk of readmission; 0.8 prior admissions in last 12 months Australia, outpatient | ACT (n=43) | Pre-ACT (n=43) | Readmission rate LOS | After ACT, readmission rate trended toward being lower, and the average LOS during readmissions decreased. |
| Dietzen et al., 1993 ⁴¹ Secondary analysis of earlier study data 155 Study duration NR | Sample of patients with more than half diagnosed with psychotic disorders 10.6 US, MH/specialty care | ACT, 7 unique programs in Chicago, Indiana, Philadelphia (n=155) | Pre-ACT (n=155) | Inpatient days | After ACT, no differences between services and change in hospital use across sites. Four programs with moderate or substantial impact in reducing hospital days also had moderate to high levels of service intensity. Three programs with minimal impact on hospital use had moderate to low service intensities. |

ACT = assertive community treatment; ICM = intensive case management; LOS = length(s) of stay; MH = mental health; NR = not reported; RCT = randomized controlled trial; US = United States.

Table E-6. Characteristics and outcomes for CTO/OPC studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|--|--|------------------|--|--|---|
| Burns et al., 2013 ⁴² OCTET RCT 336 12 months | All psychotic disorder patients median of 5-6 prior admissions UK, outpatient | CTO (n=167) | Section 17 (a rehabilitation practice, used for brief periods to assess the stability of a patient's recovery after or during a period of involuntary hospital treatment) (n=169) | Readmission rate LOS | No difference in readmission rate or LOS |
| Swartz et al., 1999 ⁴³ Compton et al., 2003 ⁴⁴ RCT 264 12 months | Psychotic and mood disorder patients 1.4 to 1.5 US, outpatient | OPC (n=129) | Release from outpatient commitment (n=135) | Number of readmissions Readmission rate LOS | No difference in number of readmissions, readmission rates, or LOS. However, among psychotically disordered individuals, sustained outpatient commitment reduced hospital readmissions when combined with a higher intensity of outpatient treatment. |
| Vaughan et al., 2000 ⁴⁵ Cohort (retrospective) 246 12-60 months | All psychotic disorder patients, 5.17 to 6.24 prior admissions in last year Australia, outpatient | CTO (n=123) | Matched control (n=123) | Readmission rate | Readmission rate for those on CTO tended to be higher than for control group. |
| Kisely et al., 2013 ⁴⁶ Case-control 5,916 1 year | Patients primarily diagnosed with psychotic disorders and less frequently with mood disorders 1.74 to 1.78 Australia, outpatient, MH/specialty care | CTO (n=2,958) | Control group (not LOS on CTO) (n=2,958) | | CTO patients had a decreased LOS. |

Table E-6. Characteristics and outcomes for CTO/OPC studies (continued)

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|---|------------------|--|--------------------------------------|---|
| Segal et al., 2006 ⁴⁷ Case-control 1,182 2 years | Nearly all psychotic disorder patients with some also diagnosed with major affective and personality disorders Mean of 37.2 to 56.3 inpatient days per year before index extended admission Australia, outpatient | CTO (n=591) | Control (patients not placed on CTO) (n=591) | LOS | CTO group had a decreased LOS. |
| Fernandez et al., 1990 ⁴⁸ Single-group pre-post 4,179 3 years | Psychotic, mood, personality, and other disorder patients 3.69 US, outpatient | OPC (n=4,179) | Pre-Involuntary Outpatient Commitment (n=4,179) | Number of readmissions LOS | After placement on CTO, number of readmissions and LOS decreased. |
| Nakhost et al., 2012 ⁴⁹ Single-group pre-post (retrospective) 72 2 to 10 years | Primarily psychotic disorder patients, but also some with mood disorders and comorbid personality disorders 2.85 prior admissions in last 5 years Canada, outpatient | CTO (n=72) | Pre-CTO (n=72) | Readmission rate | After placement on CTO, readmission rate decreased |

CTO = compulsory treatment order(s); LOS = length(s) of stay; MH = mental health; OCTET = Community Treatment Orders for Patients with Psychosis Trial; OPC = involuntary outpatient commitment; RCT = randomized controlled trial; UK = United Kingdom; US = United States.

Table E-7. Characteristics and outcomes for other alternatives to psychiatric hospitalization studies

| Citation Design Sample Size Length of Followup | Population: Diagnosis Types, Mean Prior Hospitalizations Country, Setting | Intervention | Comparator(s) | Outcomes | Results |
|---|---|--|---|--|--|
| Partial hospitalization Fenton et al., 1998 ⁵⁰ Fenton et al., 2002 ⁵¹ RCT | Psychotic, mood, personality, and other disorder patients 12 to 14 US, outpatient, MH/specialty care | Residential crisis care (n=69) | Admission to psychiatric hospital (n=50) | Readmission rate LOS | Readmission rates did not differ. Partial hospitalization group experienced <i>longer</i> average LOS when readmitted. |
| 119 | | | | | |
| 6 months | | | | | |
| Partial hospitalization Merchant et al., 1994 ⁵² Single-group pre-post 44 | PTSD, psychotic disorder, and mood disorder patients 0.9 overall and 1.9 unplanned admissions per year prior to study US, MH/specialty care | Tune Up Program (planned hospitaliza- tions) (n=44) | Pre Program (n=44) | Number of readmissions Number of unplanned readmissions LOS | After beginning planned hospitalization (Tune UP), the number of planned readmission increased, while both the number of unplanned readmissions and the LOS decreased |
| 2 to 5 years | | | | | |
| Collaborative care Bauer et al., 2006 ⁵³ Bauer et al., 2006 ⁵⁴ Bauer et al., 2001 ⁵⁵ Cooperative Studies Program 430 Study RCT | All bipolar disorder patients 5.3 prior admissions in last 5 years US, MH/specialty care | Bipolar Disorder Program (n=166) | Usual care (n=164) | Readmission rates | In the Bipolar Program, readmission rates in years 2 and 3 tended to be lower. |
| 330 | | | | | |
| 3 years | | | | | |

LOS = length(s) of stay; MH = mental health; PTSD = posttraumatic stress disorder; RCT = randomized controlled trial; US = United States

Appendix E References

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